

**WOODBIDGE SCHOOL  
PUPIL INFORMATION DETAILS**

**To be completed by member of staff.**

Outing to: ..... From (Date/Time): .....To (Date/Time):.....

Please return form to: ..... by ..... (date)

**To be completed by parents before any School trip.**

**These details are requested for the well-being of your child during the trip.**

**They include information for use in an emergency – so please complete in full.**

**We apologise if you have completed a form like this in the past, but we are absolutely obliged to ensure that the information available to supervising staff on this trip is up to date, for obvious reasons.**

Name of pupil: .....

Date of birth: ..... Tutor group: .....

Date of last tetanus vaccination: .....

Please give details if your child is suffering from:-

Any recent injuries or infections

.....

.....

and also advise if they are receiving treatment for these, or any other conditions:

.....

If your child is taking medicine, please give details, including whether it can be self-administered: .....

.....

Please give dates and type of vaccination given in the last five years: .....

.....

Any allergies that we should know about, or asthma, epilepsy etc: .....

.....

.....

Any special dietary requirements (not just likes and dislikes please!): .....

.....

.....

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? .....

If yes, please give brief details: .....

.....

Any other useful information: .....

Your name: .....

Your emergency contact numbers: Day: .....

Night: .....

Home address: .....

.....

Name and address of next of kin (if different from above): .....

.....

Tel: .....

Name and address of family doctor: .....

.....

Tel: .....

**Now please turn over.**

**WOODBIDGE SCHOOL  
PARENTAL CONSENT FORM**

Outing details as overleaf.

**To be completed by parents before any School trip.**

**This consent is requested for the well-being of your child during the trip.**

Name of pupil: .....

I give my consent to my child participating in any or all of the activities associated with the trip.  
I acknowledge the need for my child to behave responsibly.  
I also consent to a member of the School's staff or designated trip leader acting in case of medical emergency.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Administration of the following medicines has been approved by the School's medical officer in appropriate circumstances.

Please sign below to give your consent for a member of the School's staff to administer them to your child.

Paracetamol	for pain
Safa Lozenges	for sore throat
Piriton	for allergic reactions

Antiseptic wipes, plasters, dressings and bandages.  
Travel sickness pills, if required, should be supplied by parents/guardians

**Please note: Asthmatic or epileptic children, or those susceptible to severe allergic reactions, should bring their own medicines. By signing below you indicate your consent to their being given by staff.**

Signed: .....

Relationship to pupil: .....

Date: .....

**Have you completed the information section overleaf?**